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- I. **AUTHORITY:** *California Penal Code (CPC), Article 2.5, Section 11166: "Any . . . health care practitioner or employee of a child protection agency who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment who he or she knows or reasonably suspects has been the victim of child abuse shall report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report within 36 hours of receiving the information concerning the incident."*
- II. **APPLICATION:** This policy describes the mandate for health care practitioners to report suspected instances of child abuse. This policy provides a current local reporting phone number and a sample reporting form.
- III. **DEFINITIONS:** ***Physical abuse** means any act which results in a non-accidental injury.*
- Physical neglect** means the negligent treatment or mal-treatment of a child by a parent or caretaker under circumstances indicating harm or threatened harm to the child's health or welfare. The term includes both acts and omissions on the part of the responsible person.*
- Reasonable suspicion** means that it is objectively reasonable for a person to entertain such as suspicion, based upon facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.*
- Health care practitioner** means a physician and surgeon, resident, intern, licensed nurse, EMT-I or EMT-P.*
- IV. **REPORTING PROCEDURE** *Any health care practitioner who suspects an incidence of possible child abuse shall report his or her suspicions by phone and in writing as described below:*
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- A. Telephone a report to the Child Abuse Registry (714) 940-1000 immediately or as soon as practically possible. The telephone report shall include the following:
- Name of the person making the report
 - Name of the child
 - Present location of the child
 - Nature and extent of the injury
 - Information that led reporting party to suspect child abuse
- B. Prepare a written report within 24 hours of the incident (see attached copy of report form). Send all copies of the report to: Child Abuse Registry, P.O. Box 14102, Orange, CA 92863-1502.

Italicized Text Identifies Quotation From An Authority Outside The OCEMS Agency.

Approved:

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SUSPECTED CHILD ABUSE REPORTING GUIDELINES



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- C. When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.

 - D. The reporting duties are individual and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to nay sanction for making such a report. However, internal procedure to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article.

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SUSPECTED CHILD ABUSE REPORT
(Required under Penal Code sections 11166 and 11168)

INSTRUCTIONS

- A. **Please use 'FAX' Report Monday through Friday, 8:00 a.m. to 5:00 p.m. only.** After hours, weekends, and holidays call the Child Abuse Registry Hotline (938-0505). Do not send the suspected Child Abuse Report form, SS8572, if you have faxed this form.
- B. Do not use 'FAX' Report if you have already telephoned the report to CAR. Submit the standard "Suspected Child Abuse Report" Form SS8572.
- C. The 'FAX' Report is intended to save you and CAR time. If you feel it is essential to talk to a social worker, please call the Child Abuse Registry instead of using the 'FAX' Report.
- D. Please complete every space on the 'FAX' Report. If you do not know certain requested information, write unknown.
- E. Please " or print legibly in black ink to avoid a time consuming callback.
- F. • Narrative" (items #7, #8, #9). Complete information in this area is essential. Please comment as fully and specifically as you can regarding the physical abuse, sexual abuse, emotional abuse, neglect or other abuse you are reporting. State how and when the information in this report was received by you or your facility. Who has observed the abuse? Describe any physical injuries, including marks and bruises. How often or how long has the abuse occurred (give dates, if available). Does the alleged perpetrator continue to have access to the child? Is the child presently in danger? Include medical impressions and/or diagnosis, if available, and name of the examining physician. Do behaviors or circumstances suggest any danger to an investigating social worker?

If additional space is needed, please continue in the appropriate item # on another 'FAX Report form, again identifying the victim in item #2 to ensure the pages can be properly matched.
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REPORTING RESPONSIBILITIES

No child care custodian or health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by this article (California Penal Code Article 2.5). Any other person reporting a suspected instance of child abuse shall not incur civil or criminal liability as a result of any report authorized by this section unless it can be proved that a false report was made and the person know or should have known that the report was false.

Any child care custodian, health practitioner, or employee of a child protective agency (CPA) who has knowledge of or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she reasonably suspects has been the victim of child abuse shall report such suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof within 36 hours of receiving the information concerning the incident. The 'FAX report will meet this requirement.

- Any child care custodian, health practitioner, or employee of a child protective agency who has knowledge of or who reasonably suspects that mental suffering has been inflicted on a child or its emotional well-being is endangered in any other way, may report such suspected instance of child abuse to a child protective agency. Infliction of willful and unjustifiable mental suffering must be reported.

DEFINITIONS

- Child care custodian" means a teacher, administrative officer, supervisor of child welfare and attendance, or certificated pupil personnel employee of any public or private school; an administrator of a public or private day camp; a licensee, an administrator, or an employee of a community care facility licensed to care for children; headstart teacher, a licensing worker or licensing evaluator, public assistance worker; an employee of a child care institution including, but not limited to foster parents, group home personnel and personnel or residential care facilities; a social worker or a probation officer or any person who is an administrator or presenter of, or a counselor in, a child abuse presentation program in any public or private school.
- Health practitioner' means a physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, marriage, family, and child counselor, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code, any emergency medical technician I or 11, a paramedic, a person certified pursuant to Section 2913 of the Business and Professions Code, a marriage, family and child counselor trainee, as defined in subdivision (c) of Section 49803 of the Business and Professions Code, an unlicensed marriage, family and child counselor intern registered under Section 4980.44 of the Business and Professions code, a state or county public health employee who treats a minor for venereal disease or any other condition, a coroner, or a religious practitioner who diagnoses, examines, or treats children.

- Child protective agency" (CPA) means a police or Sheriff's department, a county probation department, or a county welfare department.

SUSPECTED CHILD ABUSE 'FAX' REPORT
Child Abuse Registry
Please print or type using black ink only

1. Name/Title: _____ Phone: _____ Callback Hours: _____
Agency: _____ Address: _____

VICTIM

2. Name: _____ Sex: ____ Birthdate/Age: _____ Ethnicity (Eth): _____ Language (Lang): _____
Address: _____ Phone: _____
Present Location of Child: _____ Phone: _____
Name of Child's School/Day Care Provider: _____ Hours of Attendance: _____

SIBLINGS

3.	Names	Sex	Birthdate/Age	Eth	Lang		Names	Sex	Birthdate/Age	Eth	Lang
	_____						_____				
	_____						_____				
	Address of Siblings: _____						Phone: _____				

PARENTS/STEP PARENTS AND OTHERS IN THE HOME

4.	Names	Sex	Birthdate/Age	Eth	Lang		Names	Sex	Birthdate/Age	Eth	Lang
	_____						_____				
	Address: _____						Address: _____				
	Phone: _____ Relationship: _____						Phone: _____ Relationship: _____				

ALLEGED PERPETRATOR

5. Name: _____ Sex: ____ Birthdate/Age: _____ Ethnicity: _____ Language: _____
Address: _____ Phone: _____ Relationship to Victim: _____

INCIDENT INFORMATION

6. Date/Time of Incident: _____ City where incident occurred: _____
Type of Abuse: ☒ Sexual ☐ Physical ☒ Neglect ☐ Emotional ☒ Other
If Child was in Out-of-Home care at time of Incident, Check Type of Care: ☒ Family Day Care ☐ Child Care Center
☐ Foster Family Home ☐ Small Family Home ☐ Group Home, Institution or Residential Facility

NARRATIVE

7. Fully Describe the Nature and Extent of the Abuse- (Be behaviorally specific and avoid general or vague terms)

8. Are there any current injuries? If yes, describe injuries (size, location, color): _____

9. Does the alleged perpetrator have current access to the minor(s): _____

10. For Police Use Only. DR # _____
Do you want Emergency Response to follow-up with the children? ____ Yes ____ No

Signature of Reporting Party Date of Report _____

FOR SSA USE ONLY

CAR SSW _____ Dispo Level _____ Reason _____ Source _____ Program Dispo'd to: _____
Assigned to _____ Into Copy to _____ Reason Refused _____ Date & Time Assigned _____